PTO/SB/17 (07-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Redu	respond to a collection of information unless it displays a valid OMB control number.								
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10/663,198-Conf. #1390			
FEE TRANSMITTAL				Timig Date		September 15, 2003			
For FY 2007						Guenter KIRSCHNER  I. Marx			
				4.0		1651			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 1240.00			Attorney Docket	No.	259-0417P				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILIN	IG FEES	SE.	ARCH FEES	EXAMII	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
		150	500	250	600	300			
Reissue	300			0	000	0			
Provisional	200	100	0	U	U	U		Concil Entity	
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
ree Description								25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims 360 180									
* *				Paid (\$)	M	lultiple Depende	ent Claims		
-=	х					ee (\$)	e (\$) Fee Paid (\$)		
HP = highest number of total cla								_	
Indep. Claims Extra	Claims	Fee (\$)	Fee	Paid (\$)					
-=	X	=	- 2						
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the reconstruction and decryings averaged 100 sheets of paper (evaluating electronically filed sequence or computer									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 =/50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge) 1801 Request for continued examination (RCE) (see 37 790.00 1252 Extension for response within first month 450.00									
SUBMITTED BY									
Signature	F ense	A STATE OF THE PARTY OF THE PAR		Registration No.	30,330	Telephone	(858) 792	2-8855	
(Allomey/Agent)									
Name (Print/Type) Leonard	IX. SVEHSSC	// 1				50.0	Cobrottine	., 2001	